



**CITY OF ST. LOUIS DEPARTMENT OF HEALTH**

**FY2017**

**Contract Period: July 1, 2016 – June 30, 2017**

**REQUEST FOR PROPOSALS**

**APPLICATION MATERIALS**

**FOR**

**PHYSICIAN SERVICES**

**RFP OPENING DATE: April 11, 2016**

**RFP CLOSING DATE: May 2, 2016, 4:00 p.m.**

**City of St. Louis Department of Health  
1520 Market Street – Rm 4027  
St. Louis, MO 63103  
(314) 657-1579**

**Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.**

**Estimated Schedule:**

<b>Date/Time</b>	<b>Activity</b>
Monday, April 11, 2016	Request for Proposal Released
Monday, April 18, 2016	All questions submitted in writing
Friday, April 22, 2016	All questions answered in writing
Monday, May 2, 2016, 4:00 PM	Due Date of Applications
Friday, July 1, 2016	Contract Start Date
Friday, June 30, 2017	Project Completion Date

**APPLICATION FOR FUNDING  
FOR  
PHYSICIAN SERVICES**

The City of St Louis Department of Health (CSLDOH) is soliciting proposals for Physician Services to cover the Downtown West Health Center's TB Control Services and the CSLDOH Standing Orders for all CSLDOH staff. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

**I. APPLICATION FOR FORMATTING REQUIREMENTS**

Request for Proposals (RFP) may be obtained beginning April 11, 2016 from Helen Windom at the CSLDOH, Communicable Disease, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org>, or by contacting Ms. Windom at [windomh@stlouis-mo.gov](mailto:windomh@stlouis-mo.gov).

All questions must be submitted in writing no later than Monday, April 18, 2016 to Becki Davis, Communicable Disease Bureau Chief, CSLDOH, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email at [davisr@stlouis-mo.gov](mailto:davisr@stlouis-mo.gov). All questions will be responded to in writing no later than Friday, April 22, 2016.

An original, five (5) paper copies bound, one (1) copy unbound, and one (1) Flash drive containing a copy of the proposal in Microsoft Word or PDF format must be submitted to Helen Windom at the CSLDOH Communicable Disease office by 4:00 p.m. Monday, May 2, 2016.

***Late or incomplete proposals will not be accepted.*** Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Applications narrative must be no longer than 10 pages
- A flash drive must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. ***NOTE: Flash drive must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

## **II. SCOPE OF SERVICES - CONTRACTOR QUALIFICATION REQUIREMENTS**

**Purpose:** To provide physician services for the Tuberculosis and Refugee Clinics on Mondays (1:00 PM-5:00 PM), Wednesday and Friday (8:30 AM-12:30 PM) at 1714 Olive Street at the Downtown West Health Center to provide the following services:

- Provide standing orders covering all nurses in the DOH
- Assist in planning for and during any and all acts of terrorism
- Provide technical assistance to which meets all CDC guidelines and regulations for treating persons with suspected or active Tuberculosis
- Serve as an educator and consultant on Tuberculosis cases
- Provide radiology over read for chest x rays

Funding is contingent upon future CSLDOH budget allocations.

**TOTAL TO BE AWARDED: Not to Exceed \$95,000**

Please note: Final funding levels for FY2017 have not been established. The actual award amount will be based on the FY 2017 Adopted Budget for the CSLDOH.

Contractor shall report to the Chief of the Bureau of Communicable Disease Control. The Contractor's duties shall include:

### **Quality Assurance**

- Ensure necessary treatment, follow-up, continuity of care, and assessment of outcomes of Tuberculosis patients.
- Establish a quality control plan and ensure that it is carried out.
- Evaluate and document competency of nursing staff. Evaluation should include: direct observation of routine exams; monitoring, recording and reporting of test results; reviewing patient records; assessment of problems solving skills and training ability.
- Investigate complaint reports from Partners, Physicians, Staff, or Clients.
- To ensure the interests and safety of patients.
- Consult with Heartland National TB Center Physicians on a routine basis regarding patient care.

### **Health Promotion and Prevention**

- Collaborate with Health Promotion and Prevention Department and the CSLDOH epidemiologist in assessing health risk factors, identifying major preventive care issues and appropriate interventions and evaluating factors that influence patients either to adopt or fail to adopt disease prevention and health promotion practices.
- To participate and show membership in of the American Association of Public Health Physicians.

### **Expert Knowledge Base**

- To keep abreast of methods and findings of published biomedical and epidemiological research.

- Collect and disseminate information and best practices and proven interventions.
- To keep abreast of the national, regional, state and local legislation and regulations that apply to Public Health Care.
- To keep abreast of specific health problems of refugee populations in the City of St. Louis and provide technical assistance in analyzing new trends within specific populations.
- To serve as an expert of Sexually Transmitted Diseases and Tuberculosis.
- To be available for clinical consultations.

### **Education and Training**

- Educate Physicians and/or Nurses on understanding of health issues and problems that relate to population groups as well as to individuals.
- To provide knowledge of risk assessment.
- To provide basic scientific concepts on the range of normal and multiple causation of disease that apply to public health.
- To provide knowledge of disease prevention and health promotion interventions.
- Attend subject matter conference, Grand Rounds or educational seminar.
- Provide annual TB educational day for TB staff.

### **Bioterrorism**

- To have an active role in the Bioterrorism Plan of the CSLDOH.
- To assist with training and educating nurses on the identification and treatment of potential bio-terrorism agents.
- To educate nurses in their roles in responding to a potential bioterrorism event.

### **Standing Orders**

- Standing orders will be for tuberculosis testing, screening and treatment; HIV/STD testing, treatment and counseling; lead and hemoglobin level testing; bioterrorism vaccinations and mass prophylaxis dispensing.
- Authorize to the qualified Tuberculosis, HIV/STD Prevention, Women Children & Adolescent, and Disaster Preparedness & Bioterrorism program services', CSLDOH nurses and other certified CSLDOH staff to conduct, tuberculin skin testing, T-SPOT™ tuberculosis blood testing, Clear View Rapid HIV testing including risk assessment and risk reduction counseling; State qualified STD testing; and Lead and hemoglobin testing.
- Order administration of vaccines, medications and immune-biologics against communicable, contagious, dangerous or infectious diseases herein presenting themselves within the greater region of CSL for such immunizations in accordance with guidelines set forth by the Centers for Disease Control and Prevention (CDC) the Advisory Committee on Immunization Practices (ACIP), Missouri Department of Health & Senior Services (MDHSS) and directives accompanying the vaccine, medication, and immune-biologic products.
- Orders will apply to vaccines and immune-biologics against Measles, Mumps, Rubella, Diphtheria, Pertussis, Polio, Hepatitis A & B, Varicella, Haemophilus Influenza, Pneumonia, Anthrax, etc. for mass prophylaxis in a bio- terrorism event. Administration of Immunoglobulin, lead and hemoglobin level testing, rabies vaccine, persons presenting themselves for tuberculosis testing and

medications ordered as result of diagnosis and/or any act of bioterrorism will be covered under said orders.

- Authorize all trained testing staff to conduct other tuberculosis, HIV and lead related testing by blood draw or sputum collection and approve staff to process specimens through the Missouri State Public health Lab or other Laboratory under City contract.
- Authorize all CSLDOH nurses to work under prescribing physician's order and carry out his/her instructions when administering routine care and treatment. This authorization would only apply after proper written consent from parents/guardians, individuals 18 years of age or emancipated minors has been obtained (this excludes for STD/HIV testing).

**Evaluation Criteria:** Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

**III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)**

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- Name and brief description of the applicant organization.
- A brief description of your organization's existing programs or services designed to serve the St. Louis communities public health needs.

**IV. PROGRAM NARRATIVE (Maximum of 10 double-spaced pages)**

The program narrative should be a minimum of five pages and a maximum of 10, 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through E). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

- A. A statement of the applicant's prior experience in providing services to the CSLDOH and/or pertaining public health services to other local agencies. **(10 pts)**
- B. A statement that includes information about the applicant's background providing the type of service requested in this RFP as well as experience working in a diverse environment. Please provide any pertinent examples of work or references as part of the proposal. Also include as attachments any resumes of individuals who will provide the services. **(20 pts)**
- C. A statement that the applicant understands the scope of services to be provided (see Section II. Scope of Services); including a description of how each of the services will be performed. **(35 pts)**

- D. A detailed cost proposal that specifies the amount of time commitment proposed for specified services included within this scope of services for Downtown West Health Center. This section will also indicate the minimum rate, at which these services will be involved, as well as any other costs, including overhead, profit, and any proposed reimbursable costs. Also include as attachments any applicable 501 (c) 3, current business license, and living wage declaration form (see Attachments A and B). **(30 pts)**
- E. It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company. Provide as an attachment a statement of M/W/DBE participation.**(5 pts)**

**V. EVALUATION CRITERIA**

The RFP will undergo the following evaluation process. An independent review panel will evaluate the proposal using the above criteria and provide recommendations to the CSLDOH Professional Service Agreement (PSA) Committee, established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received. The total points possible are 100, awarded as follows:

- |                          |        |
|--------------------------|--------|
| • Prior experience       | 10 pts |
| • Vendor's Background    | 20 pts |
| • Scope of services      | 35 pts |
| • Cost proposal          | 30 pts |
| • Minority participation | 5 pts  |

## **VI. RFP Terms**

The City reserves and may exercise one or more of the following rights and options regarding this RFP:

- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
- To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
- To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
- To modify specific terms and conditions in this document prior to execution.
- The City reserves the right to renew the contract for an additional one year term for up to four (4) consecutive years.
- Renewal of the contract will be dependent upon available funds.

**Contents of Proposals:** All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.



Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet	_____
Project Abstract (Section III.)	_____
Program Narrative (Section IV.)	
A. <u>Prior Experience</u>	_____
B. <u>Background Statement</u>	_____
C. <u>Scope of Work Statement</u>	_____
D. <u>Detailed Cost Proposal</u>	_____
E. <u>Minority Business Enterprise Qualifications</u>	_____

#### **PROPOSAL ATTACHMENTS**

- Letters of Support/Letters of Intent
- Resumes of Individuals that would perform the Scope of Services (Section IV. B)
- 501 (c) 3 (Section IV. D)
- Current Business License (Section IV. D)
- Living Wage Declaration Form (Section IV. D)
- Statement of M/W/DBE Participation (Section IV. E)

# Attachment A: St. Louis Living Wage Ordinance

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## ST. LOUIS LIVING WAGE ORDINANCE

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### NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2016

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance ("Ordinance") and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is \$12.60 per hour (130% of the federal poverty guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are not provided to the employee, the living wage rate is \$16.87 per hour (130% of the federal poverty guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Fringe benefit rate defined under Chapter 6.20 of the Revised Code of the City of St. Louis: \$4.27 per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and are effective as of APRIL 1, 2016. These rates will be further adjusted when the federal poverty guidelines are adjusted by the U.S. Department of Health & Human Services, or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <https://www.stlouis-mo.gov/government/city-laws/ordinances/ordinance.cfm?ord=65597> or obtained from:

City of St. Louis Living Wage Program Office  
St. Louis, Missouri  
(314) 426-8106

Dated: February 5, 2016

## Attachment B: Living Wage Acknowledgement

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### ST. LOUIS LIVING WAGE ORDINANCE

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#### **LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION**

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

**CONTRACTING AGENCY:** \_\_\_\_\_

**AGENCY CONTRACT NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_

**PREPARER'S TELEPHONE NUMBER:** \_\_\_\_\_

**PREPARER'S E-MAIL ADDRESS:** \_\_\_\_\_

**PREPARER'S CELL PHONE NUMBER:** \_\_\_\_\_

**PREPARER'S ADDRESS AND ZIP CODE:** \_\_\_\_\_

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

#### **AUTHORIZED REPRESENTATIVE CERTIFICATION:**

\_\_\_\_\_ (Signature)

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_